

## **APPLICATION DATA SHEET**

### **Application Information**

<b>Application Number::</b>	Not yet assigned
<b>Filing Date::</b>	November 17, 2003
<b>Application Type::</b>	Continuation-in-Part
<b>Subject Matter::</b>	Utility
<b>Suggested Classification::</b>	None
<b>Suggested Group Art Unit::</b>	None
<b>CD-ROM or CD-R?::</b>	No
<b>Number of CD Disks::</b>	0
<b>Number of Copies of CDs::</b>	None
<b>Sequence Submission?::</b>	No
<b>Computer Readable Form (CFR)?::</b>	No
<b>Number of Copies of CFR::</b>	None
<b>Title::</b>	METHOD TO INDUCE NEOVASCULAR FORMATION AND TISSUE REGENERATION
<b>Attorney Docket Number::</b>	42597-193226
<b>Request for Early Publication?::</b>	No
<b>Request for Non-Publication?::</b>	No
<b>Suggested Drawing Figure::</b>	
<b>Total Drawing Sheets::</b>	13
<b>Small Entity?::</b>	Yes
<b>Latin Name::</b>	
<b>Variety Denomination Name::</b>	
<b>Petition Included?::</b>	No
<b>Petition Type::</b>	None
<b>Licensed US Govt. Agency::</b>	
<b>Contract or Grant Numbers::</b>	None
<b>Secrecy Order in Parent Appl.::</b>	

## **Applicant Information**

**Applicant Authority Type::** Inventor  
**Primary Citizenship::** ARGENTINEAN  
**Country::** ARGENTINA  
**Status::** Full Capacity  
**Given Name::** Carlos  
**Middle Name::** Alberto  
**Family Name::** MELOS  
**Name Suffix::**  
**City of Residence::** Buenos Aires  
**State or Province of Residence::**  
**Country of Residence::** ARGENTINA  
**Street of Mailing Address::** Club de Campo Pueyrredòn Km 49 (1629) Pliar  
**City of Mailing Address::** Buenos Aires  
**State or Province of Mailing Address::**  
**Country of Mailing Address::** ARGENTINA  
**Postal or Zip Code of Mailing Address::**

**Applicant Authority Type::** Inventor  
**Primary Citizenship::** ARGENTINEAN  
**Country::** ARGENTINA  
**Status::** Full Capacity  
**Given Name::** Gustavo  
**Middle Name::** Vera  
**Family Name::** JANAVEL  
**Name Suffix::**  
**City of Residence::** Buenos Aires  
**State or Province of Residence::**  
**Country of Residence::** ARGENTINA  
**Street of Mailing Address::** Solis 453, 4<sup>th</sup> Floor (1078)

**City of Mailing Address::** Buenos Aires

**State or Province of Mailing Address::**

**Country of Mailing Address::** ARGENTINA

**Postal or Zip Code of Mailing Address::**

**Applicant Authority Type::** Inventor

**Primary Citizenship::** ARGENTINEAN

**Country::** ARGENTINA

**Status::** Full Capacity

**Given Name::** Rubén

**Middle Name::**

**Family Name::** LAGUENS

**Name Suffix::**

**City of Residence::** Buenos Aires

**State or Province of Residence::**

**Country of Residence::** ARGENTINA

**Street of Mailing Address::** Solís 453, Piso 6, of 606

**City of Mailing Address::** Buenos Aires

**State or Province of Mailing Address::**

**Country of Mailing Address::** ARGENTINA

**Postal or Zip Code of Mailing Address::**

**Applicant Authority Type::** Inventor

**Primary Citizenship::** ARGENTINEAN

**Country::** ARGENTINA

**Status::** Full Capacity

**Given Name::** José

**Middle Name::** Alberto

**Family Name::** CROTTOGINI  
**Name Suffix::**  
**City of Residence::** Buenos Aires  
**State or Province of Residence::**  
**Country of Residence::** ARGENTINA  
**Street of Mailing Address::** Solis 453, Piso 6, of 603  
**City of Mailing Address::** Buenos Aires  
**State or Province of Mailing Address::**  
**Country of Mailing Address::** ARGENTINA  
**Postal or Zip Code of Mailing Address::**

**Applicant Authority Type::** Inventor  
**Primary Citizenship::** ARGENTINEAN  
**Country::** ARGENTINA  
**Status::** Full Capacity  
**Given Name::** Luis  
**Middle Name::** Maracelo  
**Family Name::** ARGUELLES  
**Name Suffix::**  
**City of Residence::** Buenos Aires  
**State or Province of Residence::**  
**Country of Residence::** ARGENTINA  
**Street of Mailing Address::** Muniz 456, Martinez, (1640)  
**City of Mailing Address::** Buenos Aires  
**State or Province of Mailing Address::**  
**Country of Mailing Address::** ARGENTINA  
**Postal or Zip Code of Mailing Address::**

**Applicant Authority Type::** Inventor  
**Primary Citizenship::** ARGENTINEAN  
**Country::** ARGENTINA  
**Status::** Full Capacity  
**Given Name::** Ricardo  
**Middle Name::** Horacia  
**Family Name::** PICHEL  
**Name Suffix::**  
**City of Residence::** Buenos Aires  
**State or Province of Residence::**  
**Country of Residence::** ARGENTINA  
**Street of Mailing Address::** Solís 453, Piso 6, of 607  
**City of Mailing Address::** Buenos Aires  
**State or Province of Mailing Address::**  
**Country of Mailing Address::** ARGENTINA  
**Postal or Zip Code of Mailing Address::**

**Applicant Authority Type::** Inventor  
**Primary Citizenship::** ARGENTINEAN  
**Country::** ARGENTINA  
**Status::** Full Capacity  
**Given Name::** Marcelos  
**Middle Name::** Eduardo  
**Family Name::** CRISCUOLO  
**Name Suffix::**  
**City of Residence::** Buenos Aires  
**State or Province of Residence::**  
**Country of Residence::** ARGENTINA

**Street of Mailing Address::** Guevara 349 (1427)  
**City of Mailing Address::** Buenos Aires  
**State or Province of Mailing Address::**  
**Country of Mailing Address::** ARGENTINA  
**Postal or Zip Code of Mailing Address::**

### **Correspondence Information**

**Correspondence Customer Number::** 26694  
**Phone Number::** (202) 344-4800  
**Fax Number::** (202) 344-8300  
**E-Mail Address::** [www.venable.com](http://www.venable.com)

### **Representative Information**

**Representative Customer Number::** 26694

### **Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
<b>Current</b>	<b>Continuation-in-Part</b>	<b>PCT/US02/14508</b>	<b>May 13, 2002</b>
	<b>Continuation of</b>		
	<b>Continuation of</b>		
	<b>Continuation of</b>		

## Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
ARGENTINA	P 01-01-02313	May 15, 2001	Yes

## Assignee Information

**Assignee Name:** Sterrenbeld Biotechnologie North America, Inc.  
**Street of Mailing Address:** 1209 Orange Street  
**City of Mailing Address:** Wilmington,  
**State or Province of Mailing Address:** Delaware  
**Country of Mailing Address:** USA  
**Postal or Zip Code of Mailing Address:** 19801

**AND**

**Assignee Name:** Fundacion Universitaria Dr. Rene G. Favaloro  
**Street of Mailing Address:** Solis 453  
**City of Mailing Address:** Buenos Aires (1078)  
**State or Province of Mailing Address:**  
**Country of Mailing Address:** Argentina  
**Postal or Zip Code of Mailing Address:**